MAIL TO: Office of the Attorney General Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 | Street Sacramento, CA 95814 Telephone: (916) 323-5079

WEB SITE ADDRESS: http://ag.ca.gov/charities/

COMMERCIAL FUNDRAISER FOR CHARITABLE PURPOSES

ANNUAL FINANCIAL REPORT FOR 20 03 (California Government Code Section 12599)

Failure to file annual financial report by January 30th annually for each calendar year of solicitation may result in late fees as defined in Government Code Section 12586.1

An annual financial report must be filed for each event for each charity solicited for during the previous calendar year.

67.5	libert and junder	stice law
	DEPARTMEN	

Name and Address of Commercial Fundraiser:	Name and Address of Charitable Organization:		
2 CT	CTNo. 111870 F.E.I.N. No. 68-0045952		
367	Humboldt County		
GOLD COAST PRODUCTIONS	Sheriffs Posse Search and Rescue		
3730 MADRONA LANE MEDFORD, OR 97501	Name of charity		
MIEDION, OK 97501	P. O. Box 410		
•••	Address of charity		
	Eureka, CA 95502 City, State, and ZiP code of charity		
Gauroe from (check one): National Compoint Compoint Compoint	<u></u>		
igures from (check one): Inal collections only on	LXI.		
December 2002 benefit show held (on) (from) J	anuary 1st, 20 <u>03</u> , toMay 31st, 20 <u>03</u>		
(Type of activity)	(Date or dates must be shown)		
s the contract between the commercial fundraiser and charity based upon a fee or	percentage of revenue? Fee Percentage V Other		
If other, provide brief explanation All fundraising exper	ises are paid by fundraiser		
with exception of rent o	of the show venue shich is paid by Charity.		
REVENUE			
A. Cash contributions	2160.00 A.		
B. Entertainment sales or admission charges	B.		
C. Sales from products	C.		
D. Advertisement sales	D.		
E. Membership fees	E.		
F. Other sources: (Specify)			
a	Fa.		
b:	Fb.		
C.	Fc.		
d.	Fd.		
G. TOTAL REVENUE			
Fundraiser received \$\$1728.	<u> </u>		
EXPENSES - Exceeded fundraiser revenue by \$641			
A. Fees or commissions	7)		
	<u>γ</u> Α. 1/21 70 -		
B. Salaries (salesmen bonus on collections (for Dec. 2002 benefit show	1451.78 B.		
C. Payroll taxes	185.83 c.		
D. Employee benefits	<u>w</u> D.		
E. Cost of merchandise for resale	$\frac{\psi}{\sigma}$ E.		
F. Cost of entertainment	<i>y</i> F.		
G. Postage			
H. Advertising	——————————————————————————————————————		
I. Telephone	705.62		
J. Rental of equipment	J.		
K. Facilities charge - rent of fundraising office	<u> </u>		
L. Permits - registra ti on, license, etc.	15.15 L.		
M. Other expenses: (Specify)	•		
a. <u>Miscellaneous insurance</u>	30.71 : Ma.		
ь. Office supplies	Mb.		
c. Miscellaneous	Ø Mc.		
d. —			
N. TOTAL EXPENSES			
14, IQIALLA LA			

Page 2	•	•	
			•
3. Amount to charity (subtract line 2N from line 1G)	* * * * * * * * * * * * * * * * * * *	432	.00 з.
4. Less additional fundraising expenses paid by charity including fee paid to commercial fundraiser (to be comp		oleted by charity)4.	
5. Less fair market value of goods and/or services used for t		A TALL AND	5.
6. Net proceeds realized by charity from the campaign (subtract lines 4 and 5 from line 3)			<u>432.00</u> 6.
7. (a) Does any officer, director, partner or owner of the conformal for which the commercial fundraiser has contracted to Yes No If "yes" complete the following:	solicit?	l over, directly or indirectly, the ci	naritable organization
Name of officer, director, partner or owner of commercial fundraiser	Name and address of charitable organization	Relationship of office to charitable organ	•
•			•
(b) For each affiliation identified in 7(a), attach copy of the	contract between the commercial fundraiser and the	charity.	
Under penalties of perjury, I declare that I have examined this rebelief, it is true, correct and complete.	port, including accompany ing documents, schedules	and st atements, and to the best of ADMIN. ASSIST	
Signature of authorized officer (commercial fundraiser)	Printed name	7741//////Title	Date
This report must be signed by two officers or directors of the ch	aritable organization for verification. Exchard Micholson		
Signature of authorized/ptficer/director (charity)	Printed name	Title	Date
	RUSSON PHILIPSON.	· Sai/ Teas.	1-la-04:
Signature of authorized officer/director (charity)	Printed name	Title	Date
	च्याप्राच्या स्ट्रीकृष्ट्रस्थात् इत्या स्टब्स्य स्ट्रीस्य सम्बद्धाः सम्बद्धाः । १८०० व्यवस्थाः । १८०० व्यवस्था इत्यासम्बद्धाः		•

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